

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-376)

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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50							
TOTAL IND.	3						
TOTAL DEP.	24	↓	↓	↓	↓		
TOTAL CLAIMS	24	↓	↓	↓	↓	↓	↓

	CLAIMS		
	IND.	DEP.	
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99			
100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS	24	↓	↓

BEST AVAILABLE COPY